AFIA/SGO ANG HSI TRIP BRIEF

Information current as of:

UNIT / DEMOGRAPHIC INFORMATION

Unit Name: Mailing Address: Phone DSN: Comm: FAX: DSN: Name / Rank Sr Health Tech: How Long? E-mail: Name / Rank Commander: How Long? E-mail: HSI Project Officer: Contact info (tel & e-mail): Date of previous HSI: Rating: # Personnel Assigned: Officer: Enlisted: **Duty Hours:** Mon-Fri: UTA: GSU Supported: YES / NO Medical Personnel Assigned to GSU? YES / NO Squadron Medical Element (# personnel assigned): Gaining Command: Host Active Duty Base: Wing Name: Mailing Address: Name / Rank Wing Commander: DSN: E-mail: State Air Surgeon: Name / Rank: Mailing Address: Phone: E-mail: TAG: Name / Rank: Mailing Address: Phone: E-mail: ANG/SG 3500 Fetchet Avenue Andrews AFB MD 20762-5157

HSI TEAM INFORMATION

Dates of Inspection: Arrival date: Carrier / Time / Flight #: Departure date: Carrier / Time / Flight #: Downtime dates: Location:

Team Composition
Team Chief (NC/MSC):
Training Inspector:
Nurse/MSC Inspector:
Medical Manager Inspector:
Trip Coordinator: AFIA Over-The-Shoulder Inspectors: Jumpseaters (name & unit)

Per Diem Rate:	
Meals	\$
Lodging:	\$
Total per day:	\$

Phone Number: Approx Distance from Unit: Approx Time from Unit: Lodging Amenities: Data ports: Continental breakfast: YES / NO Coffee pots in room: YES / NO Microwave in room: YES / NO Refrigerator in room: YES / NO Iron / Board in room: YES / NO Exercise facilities: Type Equipment: On-base exercise facility? Hours: Location: Type equipment?

Vehicle Information: Rentals / AFIA reserves & funds: Name: Name: